

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 458

STATE FILE NUMBER

FILED MAR 26 1962

## 1. PLACE OF DEATH

## a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

SPRINGFIELD

## Length of stay in lb

2 WKS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BURGE HOSP'

## Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

MO.

## b. COUNTY

WEBSTER

## admission)

## c. CITY

SEYMOUR

## Inside Limits

Yes ☐ No ☒

## d. STREET ADDRESS

ROUTE 4

## Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

## (Type or print)

ADA

## Middle

BOWERS

## Last

## 4. DATE OF DEATH

## Month

## Day

## Year

MAR - 19 - 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-21-1892

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

WEBSTER CO. MO.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

THOMAS CUMMINS

## 13b. MOTHER'S MAIDEN NAME

NANCY POGUE

## 14. NAME OF HUSBAND OR WIFE

LESTER BOWERS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 17. INFORMANT

LESTER BOWERS SEYMOUR, MO. RTH

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cancer breast

## DUE TO (b)

Metastatic to

## DUE TO (c)

spine &amp; lungs

## INTERVAL BETWEEN ONSET AND DEATH

6 yrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Paraplegia

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

## Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

3/4/62 to 3/19/62

and last saw her alive on 3/19/62

## Death occurred at

5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Loebhart MD

## 22b. ADDRESS

609 Cherry

## 22c. DATE SIGNED

3/21/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

3-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

CARDWELL CHAPEL

## 23d. LOCATION (City, town, or county)

WEBSTER CO. MO.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Robert Bergman Seymour, MO.

## 25. DATE RECD. BY LOCAL REG.

3-21-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0.397

2 1120

3 1

4 1

5 1

6

7 0

8 0

9 170X

10

11

12 1-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 3-19-62